

MED MANAGEMENT TREATMENT PLAN for ANXIETY

Treatment Problem # ____: Impaired level of functioning, social anxiety, panic attacks, impaired social skills, inability to perform ADLs, excessive worries, excessive somatic symptoms, other _____

As evidenced by: inability to go out of home, excessive anxiety in social situations, avoidance of social situations, poor personal hygiene, nausea, palpitations, sweating, feelings of SOB or choking, chest pain or discomfort, chills/hot flashes, parathesia, dizzy/lightheadedness, fear of losing control or going crazy, fear of dying, other _____

Goal: To control symptoms with psychotropic medication, avoid hospitalization, & reach and maintain optimum level of functioning.

Objectives: 1. I will meet with the psychiatrist/ARNP as scheduled so s/he can assess my mental status, prescribe medications as clinically indicated, & monitor my response to treatment

Target date: _____ Date achieved: _____

2. I will review the medication education materials provided to me by the psychiatrist and nurses regarding the importance of taking medications, side effects, and medical contraindications.

Target date: _____ Date achieved: _____

3. I will report any side effects or adverse reactions to prescribed medication to the Medication Management nurses/ARNP/Psychiatrist.

Target date: _____ Date achieved: _____

4. I will take my medications as prescribed every day.

Target date: _____ Date achieved: _____

5. I will continue mental health &/or substance abuse counseling, if the psychiatrist/ARNP recommends I do so.

Target date: _____ Date achieved: _____

Interventions:

Service	Frequency	Length of service	Duration	Person Responsible
Psychiatric Evaluation	<u>2</u> time(s) per year	<u>60</u> minutes	6 months	MD/ARNP
Medication Management	_____ time(s) per _____	_____ minutes		MD/ARNP
Clinic Visit	_____ time(s) per _____	_____ minutes		Nurse
Review of Records	_____ time(s) per _____	_____ minutes		MD/ARNP
Drug Screen	_____ time(s) per _____	_____ minutes		
	_____ time(s) per _____	_____ minutes		

Measurable discharge criteria from this goal: _____

- Increase in GAF/CGAS to _____
- ASAM criteria for discharge met
- Significant decrease in symptoms
- 30 days substance free

The above objectives will be observed by a therapist, MD, ARNP, team member, parent/guardian, or teacher.

Client Name	CID#